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Navigating the Changing Terrain of Patient Assistance Programs

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NACHC ISSUE BRIEF

NAVIGATING THE CHANGING TERRAIN OF PATIENT ASSISTANCE PROGRAMS

Introduction

Patient Assistance Programs (“PAPs”) are programs sponsored by pharmaceutical manufacturers that provide free or reduced-cost drugs to qualifying low-income patients who do not have any source of prescription drug coverage. Such programs are frequently known by the commercial name chosen by its sponsor, such as AstraZeneca’s “AZ and Me” or GlaxoSmithKline’s “Bridges to Access” PAP. Due to the high cost of prescription drugs, participation in PAPs has become an important strategy for health centers to ensure patients access pharmacy services at minimum cost to the health center.

Recently, the National Association of Community Health Centers (“NACHC”) has received numerous inquiries from health centers concerned about programmatic changes to PAPs. For example, in 2005, a number of PAPs revised their program rules to deny participation not only to patients enrolled in Medicare Part D (Medicare’s prescription drug program), but also to patients who were merely eligible to enroll. This occurred after the Office of Inspector General (“OIG”) of the U.S. Department of Health and Human Services issued an opinion concluding that it would be illegal for PAPs to pay the cost-sharing requirement for patients whose drugs were covered by Medicare Part D.

Additionally, NACHC has received complaints that some PAPs have taken the unprecedented step of refusing to allow health center patients to use PAPs because of a health center’s participation in the 340B Drug Discount Program. For example, *Together Rx Access*, a drug discount card program for uninsured patients that is sponsored by a coalition of ten large pharmaceutical manufacturers, does not permit 340B pharmacies to participate in the discount card program. In its view, a 340B pharmacy has already received a discount on the purchased drugs, and receiving an additional cash reimbursement under the discount card program would result in a double discount.¹ Another program, the Merck Prescription Drug Program, has also disallowed 340B pharmacies from accepting vouchers that it distributes to qualifying patients. Similar to *Together Rx Access*, Merck claims that allowing 340B pharmacies to accept the voucher awards would result in a double discount.

To address the issue of health center participation in PAPs, some pharmaceutical manufacturers have proposed offering drugs at a 340B sub-ceiling price, which would provide an additional discount beyond the discount under the 340B program. In this manner, the

¹ See “340B Pharmacies Excluded from Manufacturer Assistance Programs,” *The Monitor*, Safety Net Hospitals for Pharmaceutical Access (Dec. 2007) (“‘The card is intended for people who don’t have access to other forms of prescription savings or coverage,’ says Together Rx Executive Director Roba Whiteley. ‘So 340B [participants] would not be able to participate because they are already purchasing prescriptions at a discounted rate.’”).

pharmaceutical manufacturers contend that health centers would not receive a double discount, but rather, an additional discount. However, this proposal may result in an expense to the health center for a patient's medication, whereas under some PAPs there would normally be none.

Finally, NACHC continues to receive requests for guidance on how health centers can select PAPs that best meet the needs of their underinsured and uninsured patients. Nationwide, there are approximately 150-200 different PAPs covering approximately 850-1000 different medications. With so many PAPs, each with different eligibility criteria and enrollment procedures, it can be difficult for health centers to assist their patients with access and enrollment. In some cases, health centers have hired full time staff, utilized AmeriCorps assignees, or trained volunteers to assist their patients in accessing PAPs. Reportedly, taking such steps has increased the amount of free pharmaceutical products accessed by eligible patients.

This Issue Brief seeks to address all of the above issues, with an emphasis on the operational factors that health centers should consider in facilitating patient access to and enrollment in PAPs. The Issue Brief begins by reviewing the various types of PAPs, highlighting the advantages and disadvantages of each type. This Issue Brief then examines how a PAP may impact health center operations and, to lessen that impact, identifies resources and tools that may help health centers manage participation in these programs.

Types of Patient Assistance Programs

Individual or Patient Application PAPs

The most common and well-known type of PAP is the kind offered directly to patients by a pharmaceutical manufacturer that covers one or more of that manufacturer's brand name medications. In this "Individual" or "Patient Application" PAP, a patient who meets the eligibility requirements applies to participate in the PAP so that he or she can receive a specific medication for free. It should be noted that, unlike government drug assistance programs (*e.g.*, AIDS Drug Assistance Programs ("ADAPs")), eligibility requirements for PAPs are set by the manufacturer and are not governed by any State or Federal agency. Therefore, the manufacturer has exclusive control in setting the requirements for the PAPs and may change those requirements at any time.

Health centers should be aware that individual PAPs can be the most challenging and labor-intensive type of PAP. Each manufacturer has its own program requirements, guidelines, and applications, all of which they can, and often do, change at will. Further complicating matters, some manufacturers have different programs depending on the drug prescribed, the diagnosis or condition, or the patient's income. For example, Eli Lilly and Company offers four different PAPs: (1) a patient application PAP for individuals who meet the income requirements; (2) a PAP for patients enrolled in a Medicare Part D plan, providing medications not covered under

the Part D plan; (3) a PAP for patients diagnosed with certain types of cancer; and (4) a PAP for its brand-name human growth hormone.

Individual PAPs may require a health center to provide ongoing monitoring of participating patients to ensure that the patient continues to meet eligibility requirements and qualify for participation. Some PAPs require a new application or other documentation to be completed for a refill, while others require a new application and documentation on a yearly basis. To this end, a number of online resources have been developed in recent years to assist providers in managing PAPs. A searchable database of PAPs and corresponding applications is available from Rx Assist (www.rxassist.org), sponsored by AstraZeneca. Another database is available from the Partnership for Prescription Assistance (www.pparx.org), sponsored by the Pharmaceutical Research and Manufacturers Association (PhRMA).

Many of the applications available through www.rxassist.org may be completed online because they are provided as editable “Adobe PDF” files, which may be printed, signed, and mailed with any required documents to the manufacturer for processing. After the PAP’s sponsor receives the application, a patient may incur a waiting time of two to six weeks before the medication arrives at the patient’s home or the provider’s office. To fill this gap, some health centers provide patients with drug samples, which have been donated to health centers from drug manufacturers.

Institutional or Bulk Shipment PAPs

“Institutional” or “Bulk Shipment” PAPs are directly offered to health centers and other safety net pharmacies and provide free or discounted bulk purchases of certain medications. In the “Institutional” or “Bulk Shipment” model, the health center pharmacy dispenses the medication from its own stock and the manufacturer subsequently supplies the health center with free replacement stock of the medication for those doses dispensed to qualifying patients. Relative to individual PAPs, this type of PAP is becoming increasingly popular because of its ease of use. Another advantage of institutional or bulk shipment PAPs is that they allow health centers to dispense the medication to the patient at the time the prescription is presented, without the delay that occurs for individual PAPs while the manufacturer processes a patient’s application.

On the other hand, institutional PAPs often require health centers to negotiate with the pharmaceutical manufacturer directly in order to establish the specific terms of the program. These terms may require the health center to produce monthly reports or undergo periodic audits so that the manufacturer can determine that the program requirements continue to be met, that accurate records are being maintained, and that medications are being dispensed only to qualifying patients. Consequently, this type of PAP may work best for frequently prescribed medications, as most bulk shipment programs require the health center to meet a minimum volume threshold for participation.

Examples of Bulk Shipment PAPs

(1)Pfizer's *Sharing the Care* is a bulk shipment model PAP designed exclusively for community health centers through a special partnership between Pfizer, NACHC, and the National Governor's Association. Through *Sharing the Care*, Pfizer provides many of its most commonly prescribed medications to qualifying patients at health centers that operate licensed, in-house pharmacies.

Sharing the Care relies on the health center's own process for determining that a patient receives income at or below 200% of the Federal Poverty Level and does not have any prescription drug insurance coverage. Each health center determines which eligible medications will be provided through the program and Pfizer ships a two month supply of the selected medications to the health center for distribution, and ships replacement drugs when the on-site stock falls below 75% of the optimal two month stock level.

Pfizer tracks the distribution of prescriptions through weekly vouchers prepared and submitted electronically by the health center. It also allows health centers to distribute a 90-day supply of the medication to the patient, easing the management burden on the health center and increasing convenience for the patient. Overall, Pfizer donates over \$200 million annually in prescription medications to eligible health center patients through *Sharing the Care*. Since the inception of the program, Pfizer has donated over \$1 billion in medications to eligible patients served by over 400 participating community health centers.

(2)Rx Drug Access Partnership of Virginia (the "Partnership") is an organization that arranges bulk shipment model PAPs for several free clinics and FQHCs in Virginia. The Partnership is funded by an appropriation from the Commonwealth of Virginia, contributions from individuals and foundations, and participation fees paid by the free clinics and FQHCs. Pharmaceutical manufacturers sign a contract with the Partnership setting forth the terms and conditions of participation in the program.

Under the Partnership's program, the drugs may be distributed only to patients who are at or below 200% of the Federal Poverty Level and who do not have any prescription drug insurance coverage. To ensure compliance with program requirements, FQHCs and the free clinics must agree to an annual audit by the Partnership.

Pharmaceutical manufacturers participating in the program deliver a supply of the medications to the participating FQHC or clinic. Generally, the stock is replenished on a monthly basis, pursuant to the submission of reports on quantities of medications prescribed and dispensed.

The Partnership requested an opinion letter from the OIG addressing whether the arrangement potentially violated the Federal Anti-Kickback Statute.² On February 1, 2008, the

² 42 U.S.C. § 1320a-7a.

Partnership received a favorable opinion from the OIG.³ Although the OIG noted that the arrangement did not meet all of the requirements of the new health center safe harbor,⁴ it found that, based on the totality of facts and circumstances, the risk of improper kickbacks did not raise significant concern. The OIG reasoned that the creation of an independent legal entity, not owned by the pharmaceutical manufacturers, reduced the risk of an improper kickback.

Although the OIG advisory opinion protects only the Partnership, the concept of creating a separate corporation owned or controlled by a network of FQHCs and other clinics is worthy of further exploration by health centers. Such an organization has great potential both to improve the administration of PAPs as well as increase enrollment of health center patients in PAPs.⁵ Moreover, a single organization composed of several health centers might be able to negotiate more favorable terms with pharmaceutical manufacturers than an individual health center could on its own. This may particularly benefit new start health centers, small health centers, rural centers, and health centers with special populations.

Considerations for Utilizing PAPs in a Health Center Environment

➤ Type of PAP

As a threshold matter, a health center should determine which medications are most frequently dispensed and which result in its greatest expense, *i.e., its highest-cost and highest-use medications*. This information will help analyze whether to participate in patient application model PAPs, whether to negotiate institutional/bulk shipment PAPs, or whether to do both.

Individual PAPs

A search on the websites of RxAssist or the Partnership for Prescription Assistance will reveal which programs cover the highest-cost and highest-use drugs. In reviewing the search results, health centers should review the program requirements for each PAP. In some instances, a health center may learn that it may not be feasible to implement the PAP at the health center. For example, if a health center does not have a licensed pharmacy and the individual PAP ships medication to the provider's office, a health center should review state laws and JCAHO requirements to ensure that it may receive and dispense medications without a licensed pharmacy. If the health center is permitted to receive the patient's medications from the individual PAP, the health center should consider developing a system for managing the patient prescriptions as they arrive. This will involve arranging for storage space and a log to track the receipt and distribution of the prescriptions. If a health center receives prescriptions on behalf of

³ OIG Advisory Opinion No. 08-01, Office of Inspector General, Department of Health and Human Services, January 28, 2008.

⁴ 42 C.F.R. § 1001.952(w).

⁵ For more information on the Rx Partnership, contact Amy Yarcich, Executive Director, 1-866-262-5510 x1557 or email ayarcich@rxpartnership.org. Information is also available on the Partnership's website at www.rxpartnership.org.

its patients, it should also be aware of state and Federal labeling requirements for prescription medications.

Nevertheless, a health center wishing to maximize patient participation in PAPs may decide not to limit enrollment assistance to only those PAPs for its highest-cost and highest-use drugs, but facilitate enrollment in a broad array of PAPs. This broad selection of PAPs will necessitate careful planning and organizing of the applications, prescriptions, and medications. In such situations, the health center might consider creating a full-time position for a PAP coordinator.

Bulk Shipment PAPs

Health centers that operate in-house pharmacies may be able to negotiate bulk shipment PAPs with the pharmaceutical manufacturers. In this case, the health center will be responsible for tracking dispensing of these medications, and ensuring that the patients to whom the medications are dispensed meet the requirements for participation. As mentioned earlier, a bulk shipment program may eliminate the need for individual PAPs.

However, careful record-keeping will still be required to document which medications are dispensed under the PAP and which medications, in contrast, are dispensed under the health center's sliding fee scale. Staff time will be necessary to complete drug utilization reports as required for obtaining replacement product from the manufacturer. In addition, participation in bulk shipment PAPs may subject the health center to audits by the manufacturer to ensure that the terms of the agreement are being followed.

Regardless of whether the health center's pharmacy services are provided in-house or by contract with a retail pharmacy, it will be necessary to evaluate the potential impact of PAPs on the health center's formulary. Health centers should be aware of the changes that implementing a PAP may have on its formulary, and know that the medications available through different PAPs often change without notice. Once a drug becomes available in a generic form, it is less likely to be available as part of a PAP because it will be available at a discount from the name-brand version.

The following is a list of questions that health centers should consider prior to changing the center's formulary solely on the grounds that a particular drug is available through a PAP:

- 1) What is the 340B price and how deep is the discount?
- 2) Is this particular drug prescribed for acute or chronic conditions, i.e., will the patient need this medication only once or is it a maintenance medication?
- 3) What are the physician-prescriber preferences?
 - a) Are there drugs that physicians are not prescribing because of cost?
- 4) Is there a generic version of the drug available, and is it cheaper than the 340B price of the generic or name-brand drug?

- a) If there is a generic version of the drug, is there a PAP for the generic version of the drug?
- b) Is there a PAP for the brand-name version of the drug?
- c) If a generic version is not currently available, when will one be available?

➤ **Other Considerations**

By understanding its medication cost and dispense trends, a health center can make better informed decisions about which PAPs to participate in and how to effectively utilize these programs for the benefit of patients and the health center. Once a health center determines the most appropriate type of PAP, a health center should next consider the impact of PAPs on its operations.

Personnel and Staffing

First, a health center should consider its staffing resources. More than likely, effective utilization of PAPs will require coordinated efforts by several key personnel.

PAP Coordinator

The optimal arrangement for a health center is the establishment of a full time position for an individual who will maintain and coordinate utilization of PAPs. The PAP Coordinator could use internet tools such as www.rxassist.org to access applications and monitor changes in the individual PAP applications, and could follow up with patients on information or documents missing from their applications and notify them when medications arrive. While the administration of PAPs may be time-consuming, many centers which already have PAPs in place report that the savings created by PAPs are often more than enough to fund the positions of staff that oversee the PAPs.

Pharmacy Personnel

If a health center has an in-house pharmacy or a dispensary, it may be optimal for any PAPs to be managed from the pharmacy or dispensary. Patients will be visiting the pharmacy to obtain prescriptions and therefore it is a logical place to screen for the patient's eligibility for a PAP. The pharmacist or pharmacy technician would have the necessary information on the patient's medication and other qualifications. In the case of an individual PAP, the pharmacist or technician could then access the right application and assist the patient in completing the application. If the health center has a bulk shipment PAP, the pharmacist or pharmacy technician could develop the necessary records, either paper or electronic, to track the dispensing of PAP medications, which would simplify the ordering and purchasing process.

One disadvantage to this arrangement is that some patients may not visit the pharmacy to fill their prescriptions if they think that they cannot afford their medication. To reduce this risk, it may be helpful to have a nurse or prescribing physician let the patient know that there are

programs, such as PAPs, which can help reduce the cost of prescription drugs. Alternatively, a health center might screen for income eligibility at intake and medication eligibility at the pharmacy.

Physicians

Health center physicians should be involved in the process of participating in PAPs as well. Most individual PAP applications require a physician's signature and some applications also require a copy of the prescription. Consequently, physician involvement is necessary. However, physicians are not likely to have the time to coordinate and manage the PAPs on a daily basis. A physician may be a point of contact to assess a patient's initial qualifications for a PAP, but they are probably not the best person to assume responsibility for the maintenance of the programs. It may be better to have physicians refer patients to the PAP coordinator the pharmacy, or any other staff member in charge of PAPs.

Nurses

Nurses are another possible candidate for managing individual PAPs. Nurses generally interact both with patients and physicians, putting them in a position to assist a patient in enrolling in a PAP for any medication prescribed by the physician. The nurse will also be in a position to obtain the physician's signature, required for some applications. In other cases, the applicant must attach the prescription, to which a nurse would also have access. Regardless of how individual PAPs are structured within the health center, a nurse may be the right person to ensure that individual applications are filled out and signed by the patients and the physicians and then sent to the manufacturer.

Other Health Center Staff

It may be helpful to train an administrative staff-person to monitor the health centers' PAPs. This staff member could monitor changes in individual PAP applications, assist in the selection of PAPs, and submit individual PAP applications. He or she may also process receipt of medications and manage the paperwork for submitting refill requests and renewing PAP applications. To assist with these responsibilities, the administrative staff should have a tracking and filing system to manage the PAPs on behalf of health center patients.

If a health center's front-desk staff assist with income verification and determinations, then this same staff member can identify a patient's potential eligibility for a PAP. A health center which keeps copies of income verification documents will be able to make copies of these documents to send with the PAP applications. A health center might want to develop a system that allows clinicians, including pharmacists, to know that a patient is eligible for certain PAPs. After the visit, someone could follow up with the patient to determine whether medication was prescribed and whether any medication for the patient could be access through a PAP.

Another staff person who may be helpful in assisting patients with enrolling in PAPs is a social worker or case manager. These individuals routinely interact with patients and are accustomed to dealing with sensitive issues, such as income and medications. Social workers and case managers have access to a patient's file and would be able to assist the patient with the application and track both the patient's continued eligibility for the PAP and need for the medication.

AmeriCorps Assignees and Volunteers

AmeriCorps assignees and volunteers can be useful in the operation of PAPs in a health center. These individuals can be trained to coordinate various aspects of enrollment and administration of PAPs by the health center. Some may conduct administrative tasks, such as income verification, while others may be helpful in recordkeeping and logging involved in individual PAPs. AmeriCorps assignees or volunteers could also submit applications for refills or remind patients to order refills or pick up medications that have arrived from individual or bulk shipment PAPs. In the case of a bulk shipment program, if volunteers are allowed in the pharmacy, AmeriCorps assignees or volunteers could perform recordkeeping or stocking activities.

Summary

Careful consideration of how the health center operates will be essential to selecting which personnel will be responsible for coordinating PAP utilization and administration. Health centers may find that it takes more than one person to run the PAP programs, or that the day-to-day administration is a responsibility that can be delegated to volunteers. But before designing a procedure for the administration of PAPs, it is essential to have an idea of which staff members will have a role in the PAP management process.

Patient Population

The dynamics and demographics of a health center's patient population also will have an impact on the utilization and administration of PAPs.

Immigration Status

Many individual PAP applications require a social security number as part of a patient's personal information. For health centers serving a large migrant or immigrant population, this requirement can be an obstacle to service due to the prevalence of undocumented individuals among some immigrant populations. As a result, some health centers may choose to use only PAPs which do not require a social security number in order to avoid deterring patients from using the health center for needed health services.

Occasionally, through perseverance, a health center may negotiate with the company to waive the social security number requirement, but this may not be worth the time and effort, especially

if there are alternative programs available. One such alternative may be to use a generic PAP program. While these programs often charge an administrative fee, and will require an assessment of whether it is more or less expensive than the current 340B price, at least one program does not require a social security or Federal ID number.⁶

If a health center's patient population contains a high concentration of Spanish speakers, it should consider using Spanish versions of individual patient applications, which are available on both the RxAssist and PPARx websites referenced earlier in this Issue Brief.

Another option for a health center with an in-house pharmacy and a large immigrant population is to consider using bulk shipment PAPs. It could be possible to negotiate for a waiver of the social security number requirement.

Seniors and Children

If a health center has a patient population that includes large numbers of special populations, such as elderly or youths, then it may need to take extra steps, or have special considerations in its PAP programs. These patients may require extra assistance or have special needs that require extra attention.

For a large elderly population, the health center will need to carefully screen their patients for Medicare coverage and Part D enrollment. A patient's enrollment in Medicare and in a Part D prescription drug plan can affect their ability to qualify for certain PAPs. However, the Centers for Medicaid and Medicare Services ("CMS") has clearly stated that patients who are enrolled in a Part D plan may still receive their medications through a PAP, so long as it is provided outside of the Part D benefit. However, as noted above, many PAP programs have chosen to avoid legal risk by excluding patients eligible for Medicare Part D.

Health centers should ask elderly patients about any Medicare and Part D coverage. The best solution for poor patients enrolled in Medicare Part D who do not qualify for the low-income subsidy may not involve a PAP, but rather the waiver of any applicable co-payment obligation during the period of the "donut hole".

If, on the other hand, the health center's patient base is largely infants and children, the health center should screen for Medicaid coverage. Like they do for Medicare, most PAPs will not cover patients who are enrolled in Medicaid. In addition, the health center should obtain the cooperation of minor patients' parents in completing and signing the PAP applications. Health centers should be careful about dosages and strengths for children's medications. Not all dosages and strengths of a medication are offered through a manufacturer's PAP.

⁶ At least one program, RxOutreach, does not require a social security number for generics (except for controlled substances, in which case the patient must submit a copy of their photo ID card and a copy of their Social Security card or Green Card).

Vaccinations

If the health center's patient population is either immigrant or minor, it may need to administer vaccinations. The health center may be able to obtain these vaccinations through a PAP.⁷ Merck sponsors a separate PAP which does not require income documentation nor does it require the applicant to be a U.S. citizen (it only asks about residency) for any Merck vaccines. Another way in which this PAP is different from others is that Merck will not send the vaccines for the patient, but instead will replace doses administered to qualifying patients on a quarterly basis. Additionally, the Merck Vaccine applications may be faxed, and do not have to be mailed (unlike most individual PAP applications), and do not require any additional documentation.

Chronic Conditions

If a patient has a chronic condition, such as multiple sclerosis or AIDS, there are programs that offer drugs for those conditions according to different requirements than for their regular PAPs. The drug manufacturers know that the medications for these conditions can be extremely costly and needed for indefinite periods of time. Many of the manufacturers of these drugs have more flexible guidelines for patients who require these medications.

Management Tools for PAP Administration

Health centers have a number of management tools available to choose from in regard to administering PAPs. Some of these resources are free and available online, while others are available for purchase. Among those that charge a fee, some are available for free trial periods, allowing a health center to experiment with the different resources and find the products that best meet the needs of the health center. Alternatively, some health centers already utilizing PAPs have successfully developed customized tools using Microsoft Office programs. Lastly, some centers have created their system using a combination of the tools listed above. An overview of some of the resources available is provided below.

Rx Assist (www.rxassist.org)

This website offers several different tools to aid in the management of PAPs. RxAssist maintains a frequently updated database of individual patient applications and instructions. The database of applications is searchable by drug name or company name. In addition, the website

⁷ Alternatively, the Vaccines for Children (VFC) program is a federally funded program, established in 1993, that provides vaccines at no cost to eligible children. Under this program, the Centers for Disease Control and Prevention (CDC) distributes approved childhood vaccines to state and territorial public health agencies, which in turn distribute them at no charge to registered VFC providers, including private physicians' offices, public health clinics, Federally Qualified Health Centers (FQHCs), and Rural Health Clinics (RHCs). Children eligible to receive free VFC vaccines include American Indian or Alaskan Native children, those covered by Medicaid or the State Children's Health Insurance Program (SCHIP), those who are uninsured, and (through FQHCs and RHCs only) those whose insurance does not cover all approved vaccines.

has an electronic mailing list which sends periodic updates via email, informing recipients when there are significant changes to PAPs. The applications that are available online can be filled out online and then printed for submission.

RxAssist also provides model letters for responding to a PAP's denial of assistance to a patient. There is also a chart of different software programs available for managing PAPs, showing the different features that each offers. RxAssist also offers information on alternative programs, such as the Target and Kmart generic drug programs, as well as other drug discount programs. Other resource documents on the RxAssist website include answers to questions about PAPs, Medicare Part D, and other assistance programs that may be available.

RxAssist Plus

RxAssist Plus is a software tool available for purchase to assist clinics in filling out and tracking their patients' PAP applications. RxAssist Plus was previously available through RxAssist, but it is now distributed by Systemetrics, Inc., the original creators of the program. RxAssist Plus is designed to manage a variety of patient information, including not only PAP enrollment and status but also lab reports, x-rays and other ancillary services. The latest version is web-based, increasing functionality for centers with multiple sites. The tools of www.RxAssist.org are integrated into RxAssist Plus. RxAssist is also HIPAA compliant, and can generate a report showing what, when, and by whom data in a patient's file was edited.

Needy Meds (www.needymeds.org)

NeedyMeds is a not-for-profit organization founded by a physician and a social worker to provide information and resources to patients in accessing PAPs. The organization currently operates a website containing information on national programs, state specific programs, and other non-PAP resources for low-income patients and their advocates. NeedyMeds, like RxAssist, maintains a database of all the available PAPs, which can be searched by drug name, program name or company name. In addition, NeedyMeds recently released its own software program, available for purchase, to help health centers and other sites manage their PAPs. The software program, PAPRxTracker, generates pre-printed applications on the manufacturer-specific forms, reminders when refill applications need to be sent, and can provide a user with over 70 different reports. NeedyMeds' website also provides an extensive set of weblinks to outside websites that can offer more information on health care for people in need.

Microsoft Office (Excel and Access)

Several health centers have created their own spreadsheets and databases to track their patients who are enrolled in PAPs. These databases and spreadsheets are normally used in conjunction with the online resources listed above. While each health center has its own way of doing things, there are some similarities in the structure of the spreadsheets and databases. Most of these databases contain all the relevant patient information: name, date of birth, contact information, and social security number, if applicable. These databases also contain the necessary medication information: the medication prescribed, the corresponding PAP applied for, the date the application was filled out or sent, the date the medication arrived, how many pills arrived, and the date the patient received the medication.

Tracking data this way may require extra personnel hours because it requires manual entry. Additionally, if there is more than one staff person coordinating the PAP programs, ensuring that all of the information for all of the outgoing applications gets entered into the system may be difficult. If someone on staff at the health center is proficient in Microsoft Excel or Access, they may be able to create customized databases and reports on different aspects of PAP enrollees. The flexibility of customizing the program will allow a center to track data by any variable it chooses, whether it be date, patient name or I.D. number, medication, or PAP program. Databases in Microsoft Access will also allow for color coding applications whose refills need to be applied for or whose annual income documentation must be resubmitted.

340 B Prime Vendor Program Software Options

The 340B Prime Vendor Program offers three different software options at steep discounts to assist health centers and other members of the Prime Vendor Program to access and manage PAPs. These programs are often web-based and provide many features, including downloadable applications, automatic updates, and report functions. The two software programs currently being offered at steep discounts through the Prime Vendor Program are *MedData Services Prescription Assistance Program* and *M and D C.A.R.E.S. Prescription Assistance Program*. More information on both of these programs can be found on the website for the 340B PrimeVendor Program under the agreements section:

(<https://www.340bpvp.com/public/agreements/services/default.asp#patient>).

Conclusion

PAPs should be considered a key part of any health center's strategy to control drug costs and provide its patients with access to medications. While the application and the paperwork may be burdensome, much of this can be overcome, or at least minimized, with the appropriate selection and implementation of PAPs. In turn, a health center can use the savings realized from PAPs to extend its provision of services to additional patients.